

DRIVE-IN CONFERENCE REGISTRATION

2015-2016

Please complete this form for the group of persons attending the Fall Drive-In Conference October 10, 2015 at Chowan University in Murfreesboro. Fax me a copy of this form by September 15, 2015 so that I can make lunch arrangements for the conference.

Registration applies to all participants, including LEA Representatives.

Name of School System: _____

Address: _____

Phone: _____

Fax: _____

Representative to Advisory Committee: _____

Number of Conference Participants _____

Rate of contribution formula-- (# Participants X \$25)

Total contribution = _____

Make checks payable to Weldon City Schools (FedID: 56-6001132)

Payment due on September 15, 2015.

Superintendent's Signature

Date

Please submit check
and agreement form to:

Ralph Evans, Director
Collaborative to Support Initially Licensed Professionals
P.O. Box 68
Hollister, NC 27844
Fax: (252) 257-0345